TITLE 17, CALIFORNIA CODE OF REGULATIONS
REPORTABLE DISEASES AND CONDITIONS
ARTICLE 1. REPORTING
SECTIONS AMENDED AND EFFECTIVE ON FEBRUARY 2, 1996
OFFICE OF ADMINISTRATIVE LAW FILE NO. 95-1219-09C

(1) Amend Section 2500 to read:

2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

(a) The following definitions shall govern the interpretation of this Subchapter.

(1) **'CDC'** means the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

(2) **'CSTE'** means the Council of State and Territorial Epidemiologists.

(3) **'MMWR'** means the Morbidity and Mortality Weekly Report.

(4) **'Case'** means (A) a person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition listed in subsection (j); or (B) a person who meets the definition of a case in Section 2564 - Diarrhea of the Newborn, Section 2574 - Food Poisoning, Section 2612 Salmonella Infections (Other than Typhoid Fever), Section 2628 - Typhoid Fever, or Section 2636 - Venereal Disease; or (C) a person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (D) an animal that has been determined, by a person authorized to do so, to have rabies or plague.

(5) **'Clinical signs'** means the objective evidence of disease.

(6) **'Clinical symptoms'** means the subjective sensation of disease felt by the patient.

(7) **'Communicable disease'** means an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

(8) **'Director'** means State Director of Health Services.

(9) **'Drug susceptibility testing'** means the process where at least one isolate from a culture of a patient's specimen is subjected to antimicrobial testing to determine if growth is inhibited by drugs commonly used to treat such infections.

(10) **'Epidemiological risk factors'** means those attributes, behaviors, exposures, or other factors that alter the probability of disease.

(11) **'Epidemiologically linked case'** means a case in which the patient has/has had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.

(12) **'Foodborne disease'** means illness suspected by a health care provider to have resulted from consuming a contaminated food.

(13) **'Foodborne disease outbreak'** means an incident in which two or more persons experience a similar illness after ingestion of a common food, and epidemiologic analysis implicates the food as the source of the illness. There are two exceptions: even one case of botulism or chemical poisoning constitutes an outbreak if laboratory studies identify the causative agent in the food.

(14) **'Health care provider'** means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

(15) **'Health officer'** and **'local health officer'** as used in this subchapter includes county, city, and district health officers.

(16) '**In attendance**' means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.

(17) '**Infection control practitioner**' means any person designated by a hospital, nursing home, clinic, or other health care facility as having responsibilities which include the detection, reporting, control and prevention of infections within the institution.

(18) '**Laboratory findings**' means (A) the results of a laboratory examination of any specimen derived from the human body which yields microscopical, cultural, immunological, serological, or other evidence suggestive of a disease or condition made reportable by these regulations; or (B) the results of a laboratory examination of any specimen derived from an animal which yields evidence of rabies or plague.

(19) '**Multidrug-resistant *Mycobacterium tuberculosis***' means a laboratory culture or subculture of *Mycobacterium tuberculosis* which is determined by antimicrobial susceptibility testing to be resistant to at least isoniazid and rifampin.

(20) '**Outbreak**' means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.

(21) '**Personal information**' means any information that identifies or describes a person, including, but not limited to, his or her name, social security number, date of birth, physical description, home address, home telephone number, and medical or employment history.

(22) '**Sexually Transmitted Diseases**' means Chancroid, Lymphogranuloma Venereum, Granuloma Inguinale, Syphilis, Gonorrhea, Chlamydia, Pelvic Inflammatory Disease, and Nongonococcal Urethritis.

(23) '**Suspected case**' means (A) a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in subsection (j); or (B) a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (C) an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of rabies or plague.

(24) '**Unusual disease**' means a rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.

(25) '**Water-associated disease**' means an illness in which there is evidence to suggest that the illness could possibly have resulted from physical contact with or swallowing water from a microbiologically or chemically contaminated water source. Examples of such potentially contaminated water sources are lakes, rivers, streams, irrigation water, wells, public and private drinking water, bottled water, reclaimed water, ocean and bay waters, hot springs, hot tubs, whirlpool spas, and swimming pools. Epidemiologic investigation by public health authorities is required to demonstrate that a suspected water-associated illness was likely to have been waterborne and related to the suspected source.

(26) '**Waterborne disease outbreak**' means an incident in which two or more persons experienced a similar illness after consumption or use of the same water intended for drinking or after water contact such as by immersion, and epidemiologic investigation by public health authorities implicates the same water as the source of the waterborne illness. There is one exception: a single case of waterborne chemical poisoning constitutes an outbreak if laboratory studies indicate that the source water is contaminated by the chemical.

(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed in subsection (j) of this section, to report to the local health officer for the jurisdiction where the patient resides as required in subsection (h) of this section. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed in subsection (j) of this section may make such a report to the local health officer for the jurisdiction where the patient resides.

(c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.

(d) Each report made pursuant to subsection (b) shall include all of the following information if known:

(1) name of the disease or condition being reported; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race/ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case; the date of death if death has occurred; and the name, address and telephone number of the person making the report.

(2) If the disease reported pursuant to subsection (b) is hepatitis, a sexually transmitted disease or tuberculosis, then the report shall include the following applicable information, if known: (A) hepatitis information as to the type of hepatitis, type-specific laboratory findings, and sources of exposure, (B) sexually transmitted disease information as to the specific causative agent, syphilis-specific laboratory findings, and any complications of gonorrhea or chlamydia infections, or (C) tuberculosis information on the diagnostic status of the case or suspected case, bacteriologic, radiologic and tuberculin skin test findings, information regarding the risk of transmission of the disease to other persons, and a list of the anti-tuberculosis medications administered to the patient.

(e) Confidential Morbidity Report forms, PM 110 (1/90), are available from the local health department for reporting as required by this section.

(f) Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.

(g) Upon the Department of Health Services' request, a local health department shall provide to the Department the information reported pursuant to this section. Absent the individual's written consent, no information that would directly or indirectly identify the case or suspected case as an individual who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in federal law at 42 C.F.R. Section 2.11) shall be included.

(h) The urgency of reporting is identified by symbols in the list of diseases and conditions in subsection (j) of this section. Those diseases with a diamond (♦) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing, telephoning or electronically transmitting a report within one (1) working day of identification of the case or suspected case. Those diseases and conditions not otherwise identified by a diamond or a cross shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.

(i) For foodborne disease, the bullet (●) symbol indicates that, when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they shall be reported immediately by telephone.

(j) Health care providers shall submit reports for the following diseases or conditions subdivided into two sections: communicable diseases and non-communicable diseases and conditions.

(1) COMMUNICABLE DISEASES:

Acquired Immune Deficiency Syndrome (AIDS)

\+ Amebiasis

+ Anisakiasis
♦ Anthrax
+ Babesiosis
♦ Botulism (Infant, Foodborne, Wound)
Brucellosis
+ Campylobacteriosis
Chancroid
Chlamydial Infections
♦ Cholera
♦ Ciguatera Fish Poisoning
Coccidioidomycosis
+ Colorado Tick Fever
+ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
+ Cryptosporidiosis
Cysticercosis
♦ Dengue
♦ Diarrhea of the Newborn, Outbreaks
♦ Diphtheria
♦ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Echinococcosis (Hydatid Disease)
Ehrlichiosis
+ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
♦ *Escherichia coli* O157:H7 Infection
+ ● Foodborne Disease
Giardiasis
Gonococcal Infections
+ *Haemophilus influenzae*, Invasive Disease
♦ Hantavirus Infections
♦ Hemolytic Uremic Syndrome
Hepatitis, Viral
+ Hepatitis A
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
+ Listeriosis
Lyme Disease
+ Lymphocytic Choriomeningitis
+ Malaria
+ Measles (Rubeola)
+ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
♦ Meningococcal Infections
Mumps
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
♦ Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)

\+ Pertussis (Whooping Cough)
♦ Plague, Human or Animal
\+ Poliomyelitis, Paralytic
\+ Psittacosis
\+ Q Fever
♦ Rabies, Human or Animal
\+ Relapsing Fever
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
\+ Salmonellosis (Other than Typhoid Fever)
♦ Scombroid Fish Poisoning
\+ Shigellosis
\+ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
\+ Swimmer's Itch (Schistosomal Dermatitis)
\+ Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
\+ Trichinosis
\+ Tuberculosis
Tularemia
\+ Typhoid Fever, Cases and Carriers
Typhus Fever
\+ *Vibrio* Infections
♦ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
\+ Water-associated Disease
♦ Yellow Fever
\+ Yersiniosis
OCCURRENCE of ANY UNUSUAL DISEASE
♦ OUTBREAKS of ANY DISEASE (Including diseases not listed in Section 2500). Specify if institutional and/or open community.

(2) NON-COMMUNICABLE DISEASES OR CONDITIONS:
Alzheimer's Disease and Related Conditions
Disorders Characterized by Lapses of Consciousness

(♦) = to be reported immediately by telephone.
(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.
(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.
(●) when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

NOTE: Authority cited: Sections 200, 207, 208 and 3123, Health and Safety Code.
Reference: Sections 200, 207, 211, 304.5, 410, 1603.1, 3053, 3110, 3123, 3124, 3125, 3131 and 3132, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil Code; 42 U.S.C. Sections 290ee-3 and 290dd-3; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040 of the Evidence Code.

(2) Amend Section 2501 to read:

2501. INVESTIGATION OF A REPORTED CASE, UNUSUAL DISEASE, OR OUTBREAK OF DISEASE.

(a) Upon receiving a report made pursuant to Section 2500 or 2505, the local health officer shall take whatever steps deemed necessary for the investigation and control of the disease, condition or outbreak reported. If the health officer finds that the nature of the disease and the circumstances of the case, unusual disease, or outbreak warrant such action, the health officer shall make or cause to be made an examination of any person who or animal which has been reported pursuant to Sections 2500 or 2505 in order to verify the diagnosis, or the existence of an unusual disease, or outbreak, make an investigation to determine the source of infection, and take appropriate steps to prevent or control the spread of the disease. Whenever requested to do so by the Department, the health officer shall conduct a special morbidity and mortality study under Health and Safety Code Section 211 for any of the diseases made reportable by these regulations.

(b) If a disease is one in which the local health officer determines identification of the source of infection is important, and the source of infection is believed to be outside the local jurisdiction, the health officer shall notify the Director or the health officer under whose jurisdiction the infection was probably contracted if known. Similar notification shall be given if there are believed to be exposed persons, living outside the jurisdiction of the health officer, who should be quarantined or evaluated for evidence of the disease.

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code; and Section 555(b), Business and Professions Code. Reference: Sections 7, 200, 207, 211, 211.5, 304.5, 410, 1603.1, 3051, 3053, 3110, 3122, 3123, 3124, 3125, 3131, and 3132, Health and Safety Code; Sections 551, 554, and 555, Business and Professions Code.

(3) Repeal existing Section 2502:

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code.
Reference: Sections 200, 207, 3053, 3110, 3121, 3123 and 3124, Health and Safety Code.

(4) Adopt a new Section 2502 to read:

2502. REPORTS BY LOCAL HEALTH OFFICER TO STATE DEPARTMENT OF HEALTH SERVICES.

(a) Summary Reports: Each local health officer shall report at least weekly, on the Weekly Morbidity by Place of Report form (DHS 8245 (11/95)) to the Director the number of cases of those diseases, conditions, unusual diseases or outbreaks of disease reported pursuant to Section 2500. Copies of the form are available from the Department's Division of Communicable Disease Control.

(b) Individual Case and Outbreak Reports: For the diseases listed below, the local health officer shall prepare and send to the Department along with the summary report described in (a) above an individual case or outbreak report for each individual case/outbreak of those diseases which the Department has identified as requiring epidemiological analysis reported pursuant to Section 2500. At the discretion of the Director, the required individual case/outbreak report may be either a Confidential

Morbidity Report (PM-110 1/90), its electronic equivalent or a hard copy 8.5x11 inch individual case/outbreak report form. The Weekly Morbidity by Place of Report form (DHS 8245 (11/95)) indicates which format to use. Each individual case report shall include the following: (1) verification of information reported pursuant to Section 2500; (2) information on the probable source of infection, if known; (3) laboratory or radiologic findings, if any; (4) clinical signs and/or symptoms, if applicable; and (5) any known epidemiological risk factors. The Department or CDC has prepared forms that may be used for many of the diseases requiring individual case reports. Where a form exists, its identification number is listed in parentheses next to the diseases listed below. Copies of these case report forms are available from the Department's Division of Communicable Disease Control. An individual case report is required for the following diseases:

Acquired Immune Deficiency Syndrome (AIDS) (CDC 50.42B)
Anthrax (ACD-152)
Botulism (Infant, Foodborne, Wound) (ACD-153)
Brucellosis (262-101)
Cholera (CDC 52.79)
Cysticercosis (pending)
Diarrhea of the Newborn, Outbreaks (262-504)
Diphtheria (262-505)
Escherichia coli O157:H7 Infection (pending)
Foodborne Disease Outbreak (CDC 52.13)
Haemophilus influenzae, Invasive Disease (DHS 8449)
Hantavirus Infections (pending)
Hemolytic Uremic Syndrome (pending)
Hepatitis A (CDC 53.1)
Hepatitis B, acute only (CDC 53.1)
Hepatitis C, acute only (CDC 53.1)
Hepatitis D (Delta), acute only (CDC 53.1)
Hepatitis, any other acute viral type (CDC 53.1)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) (DHS 8468)
Legionellosis (CDC 52.56)
Leprosy (Hansen Disease) (CDC 52.18)
Leptospirosis (262-102)
Listeriosis (DHS 8296)
Lyme Disease (DHS 8470)
Malaria (CDC 54.1)
Measles (Rubeola) (DHS 8345)
Meningococcal Infections (DHS 8469)
Outbreak of Disease Report (DHS 262-501)
Pelvic Inflammatory Disease (PID)
Pertussis (Whooping Cough) (DHS 8258)
Plague (CDC 56.37)
Poliomyelitis, Paralytic (DHS 8421)
Psittacosis (8023-005)
Q Fever (262-101)
Rabies, Human or Animal (Humans 262-105, Animals PM 102)
Relapsing Fever (262-107)
Reye Syndrome (CDC 55.8)
Rocky Mountain Spotted Fever (CDC 55.1)
Rubella (German Measles) (PM 358; for Congenital Rubella, CDC 71.17)
Streptococcal Outbreaks and Individual Cases in Food Handlers and Dairy Workers Only

Syphilis (for Congenital Syphilis, CDC 73.126)
Tetanus (CDC 71.15)
Toxic Shock Syndrome (CDC 52.3)
Trichinosis (CDC 54.7)
Tuberculosis (CDC 72.9 A, B, and C)
Tularemia (262-101)
Typhoid Fever, Cases and Carriers (Cases, CDC 52.5; Carriers, CDC 4.383)
Typhus Fever (262-107)
Unusual Disease Report (DHS 262-501)
Vibrio Infections (CDC 52.79)
Waterborne Disease Outbreak (CDC 52.12)
Yellow Fever

(c) Immediate Reports: Cases and suspect cases of anthrax, botulism, cholera, diarrhea of the newborn (outbreaks), diphtheria, dengue, plague, human rabies and yellow fever are to be reported by the local health officer to the Director immediately by telephone.

(d) Upon request of the Department, the local health officer shall submit an individual case report for any disease not listed in subsection (b) above.

(e) During any special morbidity and mortality study requested under Section 2501, the local health officer shall be the Director's agent for purposes of carrying out the powers conferred under Government Code Section 11181.

(f) Confidentiality. Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of that individual.

(1) A health officer shall disclose any information, including personal information, contained in an individual case report to state, federal or local public health officials in order to determine the existence of a disease, its likely cause or the measures necessary to stop its spread.

(2) A health officer may for purposes of his or her investigation disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases.

(3) A health officer may disclose any information contained in an individual case report to any person or entity if the disclosure may occur without linking the information disclosed to the individual to whom it pertains, and the purpose of the disclosure is to increase understanding of disease patterns, to develop prevention and control programs, to communicate new knowledge about a disease to the community, or for research.

(4) Notwithstanding subsections (1), (2), and (3) above, no information that would directly or indirectly identify an individual as one who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in 42 C.F.R. §2.11) shall be included in an individual case report or otherwise disclosed absent the individual's written consent.

(g) Whenever the health officer collects personal information in order to prepare an individual case report required by subsection (b), the health officer shall notify the individual from whom the information is collected that: (1) supplying personal information related to the individual's disease is mandatory; (2) the only disclosure of personal information will be pursuant to subsections 2502(f)(1) and 2502(f)(2); and (3) non-personal information may be disclosed pursuant to subsection 2502(f)(3).

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code; and Section 555(b), Business and Professions Code.
Reference: Sections 7, 200, 207, 211, 211.5, 304.5, 410, 1603.1, 3051, 3053, 3110, 3122, 3123, 3124, 3125, 3131 and 3132, Health and Safety Code; and Sections 551, 554 and 555, Business and Professions

Code; Sections 11181 and 11182, Government Code; 42 U.S.C. Sections 290ee-3 and 290dd-3; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; Section 1040 of the Evidence Code; and Section 1798.3, Civil Code.

(5) Repeal Section 2503.

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code.
Reference: Sections 200, 207, 3053, 3110, 3123, 3124 and 3125, Health and Safety Code.

(6) Section 2504 unchanged:

2504. REPORT BY HEALTH CARE PROVIDER OF OUT-OF-STATE LABORATORY FINDINGS.

Whenever a health care provider's identification of a case or suspected case of tuberculosis includes laboratory findings from an out-of-state laboratory, the health care provider shall include those findings with the report made pursuant to Section 2500(b), and if the laboratory performed drug susceptibility testing, the results of such testing shall also be so reported.

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code.
Reference: Sections 200, 207, 3053, 3110, 3123, 3125 and 3285, Health and Safety Code.

(7) Amend Section 2505 to read:

2505. NOTIFICATION BY LABORATORIES.

(a) To assist the local health officer, the laboratory director, or the laboratory director's designee, of a clinical laboratory, an approved public health laboratory or a veterinary laboratory in which a laboratory examination of any specimen derived from the human body (or from an animal, in the case of rabies or plague testing) yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases listed in subsection (e) below, shall report such findings to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located within one working day from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one working day from the time the laboratory notifies the referring laboratory that submitted the specimen.

(b) To permit local health officer follow-up of laboratory findings, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsection (e) shall be accompanied by a test requisition which includes the name, gender, and age or date of birth of the person from whom the specimen was obtained and the name, address and telephone number of the health care provider or other authorized person who submitted the specimen. Whenever the specimen, or an isolate therefrom, is transferred between laboratories, a test requisition with the above patient and submitter information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory.

(c) Each notification to the local health officer shall be in writing and give the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address and telephone number (if known), and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the

health care provider for whom such examination or test was performed. A legible copy of a laboratory report containing all of the above information will satisfy the purpose of this regulation.

(d) The notification shall be submitted either by courier, mail, or electronic facsimile to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. When the specimen is from an out-of-state submitter, the state epidemiologist of the submitter shall be provided the same positive findings within one working day from the time the health care provider is notified. If the laboratory that finds evidence for any of those diseases listed in subsection (e) is an out-of-state laboratory, the California clinical laboratory that receives a report of such findings from the out-of-state laboratory shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

(e) The diseases to which this section applies are:

Chlamydial infections
Cryptosporidiosis
Diphtheria
Encephalitis, arboviral
Escherichia coli O157:H7 infection
Gonorrhea
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test
Hepatitis B, acute infection by IgM anti-HBc antibody test
Hepatitis B surface antigen positivity (specify gender)
Listeriosis
Malaria
Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test
Plague, animal or human
Rabies, animal or human
Syphilis
Tuberculosis
Typhoid
Vibrio species infections

(f) In addition to notifying the local health officer pursuant to subsection (a), any clinical laboratory or approved public health laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen shall:

(1) Submit a culture as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. Such a culture shall be submitted to the public health laboratory designated in Title 17, California Code of Regulations, Section 1075, for the local jurisdiction where the health care provider's office is located. The following information shall be submitted with the culture: the name, address, and the date of birth of the person from whom the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the date the specimen was obtained from the patient, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. The public health laboratory shall retain the culture received (one culture from each culture-positive patient) in a viable condition for at least six months.

(2) Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory shall:

(A) Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated; and

(B) Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within one working day from the time the health care provider or other authorized person who submitted the specimen is notified; and

(C) If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the official public health laboratory designated in Title 17, California Code of Regulations, Section 1075, for the local health jurisdiction in which the health care provider's office is located. The local public health laboratory shall forward such cultures to the Department's Microbial Diseases Laboratory. The following information shall be submitted with the culture: the name, address, and the date of birth of the person from whom the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the date the specimen was obtained from the patient, and the name, address, and telephone number of the health care provider for whom such examination or test was performed.

(g) Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

(h) In addition to notifying the local health officer pursuant to subsection (a), any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the public health laboratory designated in Title 17, California Code of Regulations, Section 1075, for the local health jurisdiction where the health care provider is located. When requested, all blood films shall be returned to the submitter.

(i) All laboratory notifications herein required are acquired in confidence and shall not be disclosed by the local health officer except (1) as authorized by these regulations; (2) as required by state or federal law; or (3) with the written consent of the individual to whom the information pertains or the legal representative of that individual.

(j) The local health officer shall disclose any information, including personal information, contained in a laboratory notification to state, federal or local public health officials in order to determine the existence of the disease, its likely cause, and the measures necessary to stop its spread.

NOTE: Authority cited: Sections 207, 208, 304.6 and 3123, Health and Safety Code.
Reference: Sections 200, 207, 304.7, 3053, 3110, 3123, 3194 and 3285, Health and Safety Code; Sections 1209, 1246.5 and 1288, Business and Professions Code; Cal. Const., art. 1, Section 1; and Section 1040 of the Evidence Code.

(8) Amend Section 2514 to read:

2514. INSTRUCTIONS TO HOUSEHOLD.

It shall be the duty of the health care provider in attendance on a case or suspected case of any disease or condition listed in Section 2500, or of any other disease considered to be communicable, to give detailed instructions to the members of the household in regard to precautionary measures to be taken for preventing the spread of the disease or condition. Such instructions shall conform to these regulations and local ordinances. It is the responsibility of each health care provider to be informed as to these regulations and the local ordinances which are in effect in the communities in which the health care provider practices.

NOTE: Authority cited: Sections 207, 208 and 3123, Health and Safety Code.
Reference: Sections 207, 208, 3123 and 3285, Health and Safety Code.